

## United States District Court

District of the Northern Mariana Islands

NOV 17 2005

Robert D. Bradshaw

Plaintiff

V.

William C. Bush

et. al.

(See Attached Listing)

Defendants

For The Northern Mariana Islands

By

(Deputy Clerk)

## SUMMONS IN A CIVIL CASE

CASE NUMBER: CV 05-0027

COMPLAINT and  
AMENDED COMPLAINT

TO: (Name and address of Defendant)

William C. Bush  
1401 Ingraham St, NW  
Washington, DC 20011-3626

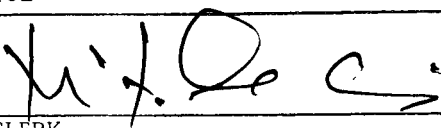
YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Robert D. Bradshaw  
Plaintiff, Pro Se  
PO Box 473  
1530 W. Trout Creek Road  
Calder, ID 83808, Phone 208-245-1691

an answer to the complaint which is served on you with this summons, within Twenty (20) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Galo L. Perez

CLERK



(By) DEPUTY CLERK

SEP 22 2005

DATE

AO 440

(Rev. 08/01) Summons in a Civil Action

**RETURN OF SERVICE**

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE <u>NOVEMBER 2, 2005</u>
NAME OF SERVER (PRINT) <u>ROBERT D. BRADSHAW</u>	TITLE <u>PLAINTIFF</u>

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: \_\_\_\_\_
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left: \_\_\_\_\_
- ☐ Returned unexecuted: \_\_\_\_\_
- ☒ Other (specify): CERTIFIED MAIL, RETURN RECEIPT.  
COPY ATTACHED

**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on Nov 2, 2005 Robert D. Bradshaw  
Date Signature of Server

Box 473  
Calder, ID 83808  
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

**LISTING OF DEFENDANTS FOR SUMMONS**

COMMONWEALTH OF THE NORTHERN )  
MARIANA ISLANDS (hereafter referred to )  
as the CNMI); NICOLE C. FORELLI, former )  
Acting Attorney General of the CNMI, in her )  
personal/individual capacity; WILLIAM C. )  
BUSH, former Assistant Attorney General of )  
the CNMI, in his personal/individual capacity; )  
**D. DOUGLAS COTTON, former )**  
**Assistant Attorney General of the CNMI )**  
**in his personal/individual capacity; L. )**  
DAVID SOSEBEE, former Assistant Attorney )  
General of the CNMI, in his personal/individual )  
capacity; ANDREW CLAYTON, former )  
Assistant Attorney General of the CNMI, in his )  
personal/individual capacity; Other )  
UNKNOWN and UNNAMED person or )  
persons in the CNMI OFFICE OF THE )  
ATTORNEY GENERAL, in their )  
personal/individual capacity, in 1996-2002; )  
ALEXANDRO C. CASTRO, former Judge Pro )  
Tem of the CNMI SUPERIOR COURT, in his )  
personal/individual capacity; JOHN A. )  
MANGLONA, Associate Justice of the )  
CNMI Supreme Court, in his )  
personal/individual capacity; TIMOTHY H. )  
BELLAS, former Justice Pro Tem of the CNMI )  
Supreme Court, in his personal/individual )  
capacity; PAMELA S. BROWN, present )  
Attorney General of the CNMI; in her )  
personal/individual capacity; )  
ROBERT A. **BISOM**; and JAY H. SORENSEN.)  
Defendants )

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:  
**Washington DC 20011-3626**

Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 7.90</b>

**CALDER, ID  
OCT 31  
2005  
USPS**

Name (Please Print Clearly) (To be completed by mailer)  
**William C. Bush**  
Street, Apt. No., or PO Box No.  
**1461 INGRAHAM ST, NW**  
City, State, ZIP+4  
**WASHINGTON DC 20011-3626**

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X [Signature]</b> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>11/2/05</b></p> <p>C. Date of Delivery <b>11/2/05</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <b>WILLIAM C. BUSH 1461 INGRAHAM ST, NW WASHINGTON DC 20011-3626</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>